

## FORUM SUMMARY

**Nursing community call to action:**  
A collaborative approach to improving BC's  
health system

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## Introduction

On July 15, 2015 the BC Coalition of Nursing Associations (BCCNA or “the Coalition”) hosted a policy forum with nurses from across the four nursing groups and B.C.’s nurse educators, to provide an opportunity for nurses to contribute their ideas, suggestions and recommendations for how to strengthen, interpret and implement the BC Ministry of Health policy papers which were released in spring 2015. More than 150 nurses, government officials, patients and health authority representatives participated in round table discussions led by a mix of representatives from each of the five BCCNA member organizations. Another 150 remained on the waitlist because we simply ran out of space – sending a strong message that nurses are eager to participate in meaningful discussions that advance the profession and help transform patient care. The July 15<sup>th</sup> Forum was the first of its kind in British Columbia, if not Canada.

The BC Coalition of Nursing Associations is a newly formed collaborative that brings together the voice and ideas that represent every single nurse in British Columbia. Currently, membership in the Coalition includes all nurses represented by the Association of Registered Nurses of BC (ARNBC), the Association of Registered Psychiatric Nurses of BC (ARPNBC), the BC Nurse Practitioner Association (BCNPA), the Licensed Practical Nurse Association of BC (LPNABC) and B.C.’s nurse educators, the Nursing Education Council of BC (NECBC). The Coalition provides a unique opportunity for nurses from across all different nursing groups to meet together on a regular basis to discuss common policy initiatives, concerns around the nursing profession and healthcare and successes within nursing. It provides opportunities for all nursing groups to work together in a congenial and collaborative atmosphere to transform the healthcare system for the benefit of patients.

The Ministry of Health Policy Papers have provided the BCNNA with a unique opportunity to bring together nurses from across the healthcare system to discuss the innovation and ideas recommended by government, and develop strong and significant feedback that demonstrates the solutions-oriented approach nurses want their professional associations to take with government.

## What is Working Well?

Nurses at the table discussions shared their experiences and success stories about what they believe is working well in the system today. This was an important first step to set the stage for the discussion. Too often forums that gather together healthcare providers get stuck on the challenges facing the healthcare system, without consideration of what is already working well, or what could be done to strengthen and improve existing services and programs.

Three over-arching themes became apparent from the discussion:

### **1. Interprofessional, Multi-disciplinary Teams**

Where they exist, interprofessional, multi-disciplinary teams are an effective and important step towards building a strong, collaborative, patient-centred system that improves the health outcomes of patients. This is something that is highly lauded by those who have the advantage of working in a setting such as this, and sought after by those who do not. It was noted that interprofessional teams can and should be implemented in all settings (community-based, acute care and/or rural and remote). These teams support individuals in working to full scope of practice, provide role clarity, and encourage effective communication (written, verbal or using technology). Most of the time, these teams are paid on salary rather than fee-for-service. One of the unintended benefits of establishing and utilizing interprofessional, collaborative teams, is that these teams can provide

excellent mentorship opportunities for students. Evidence shows that students learn and train very well in these settings, and while this is not the primary goal of establishing interprofessional teams, it can have long-term positive results.

Nurses identified several of these models (for example, family health teams and community health centres), which are working well in B.C. and felt strongly that they could be replicated to make system-wide improvements. At the same time, nurses understand that there are still questions around the cost of these interprofessional teams, and that health authorities that are already struggling to meet the bottom line can be challenged to finance this type of initiative. As the largest group of healthcare providers in the province, nurses are the most frequent healthcare provider on any team, and the nursing community would be interested in developing strategies to implement interprofessional models, in conjunction with partner associations, that do not overly burden taxpayers or the health authorities. Suggestions included education modules, interprofessional mentors for interested teams or units, providing nursing input and research into successful and low-cost interprofessional models, strengthening ties between nursing and non-nursing associations, collaborating with non-nursing groups on small projects that advance interprofessional theory and working with educators to ensure interprofessional curriculum across the health sciences.

## **2. Respecting and empowering the voice of patients**

Patients played an important role in the Nursing Forum, and nursing recognizes that there is a strong desire and need to implement patient and family-centred care that meets the needs of patients where they are at and involves their family through each step. The patients who attended the Forum were vital in reminding the nursing community that patients want and deserve to own their own healthcare, every step of the way. One of the more poignant moments of the Forum was when one patient stood up and asked participants to please stop referring to “our patients” as she belongs to herself and not to any one professional on the healthcare team. Most nurses in the room recognized that the use of ‘our’ is frequent in healthcare when referring to patients – from Ministry documents to individual providers discussing a care plan. As well, many participants pointed out that we need to change our way of thinking and the language we use around healthcare. Instead of GP4me or NP4BC, something like PC4Me (Primary Care for me) would be better, and could be framed and centred around the patient rather than providers.

During the forum, nurses recommended a number of ways to increase the patient-centredness of the B.C. healthcare system. Nurses are positioned to be leaders, case managers and educators, and many of the ideas brought forward reflect the understanding that nursing brings to health transformation. Suggestions include teaching patients and their families how to exercise or care for wounds at home, providing continuity of care after a surgery or illness, understanding their own health records or homecare instructions and facilitating programs to support patient education. Many nurses noted that patient-centred care must be better supported by leadership, but that leadership includes nurses. Patients’ control and voice is essential - they should be empowered to make their own choices and be provided the tools to do so. Both at the practice and policy level, there are opportunities for patients to be part of the collaborative process through practice councils, patient advisory groups, etc.

### 3. Strong nursing leadership

The third area that was mentioned as working well was nurse leaders. Those organizations or institutions where nursing has a strong leadership role are viewed as more successful, more supportive and a better option for providing patient-centred care than organizations where nurses are not in leadership positions. The BCCNA recognizes that nursing leadership is lacking in British Columbia and continues to discuss what can be done at the Coalition and Association levels to begin to make inroads into building strong leadership capacity and lobbying for nursing and nurses to step into available leadership roles.

## What are the best opportunities for you and your team to improve patient care? What are the barriers to seizing these opportunities?

The second question focused on understanding what the best opportunities might be where nurses can improve patient care, but also identified some of the barriers that exist that prevent nurses from seizing those opportunities. This was one of the topics where nurses were able to dig deep into their understanding of the system, and consider where they might be overlooking an opportunity to make significant change. Nurses understand the barriers, and too often those are viewed as impossible to overcome. During the Forum, nurses took the opportunity to share their understanding and ideas about important policy areas where collectively, they may begin to move important change forward.

### Health Human Resource Planning

#### 1) Models of care

**Barriers:** The current system rests on a model whereby physicians are the primary gatekeeper for patients to access healthcare resources, services and other healthcare providers. This creates a barrier in access to services and to other healthcare providers who are qualified and in a position to provide more specialized care and services.

**Opportunities:**

- a) Allow nurses to utilize full scope of practice and address the “turf war.”
- b) Role Clarity: roles and responsibilities of all healthcare providers must be clearly addressed, understood and respected for team based care to work.
- c) Develop integrated clinical practice guidelines, standardized care pathways, build decision support tools, pre-printed orders and pathways, centralized patients and staff resources.
- d) Explore: expand on the role of case managers to bridge the gaps in communication, create nurse navigators to help patients work through barriers in access to services and supports.
- e) Explore ways to allow advanced practice nurses to be able to refer patients to appropriate services without the restriction of a consulting physician.

## 2) Nursing Resources:

**Barriers:** Nursing and nurses often feel the downstream impacts of inadequate staffing levels in both acute and community care. However, when it comes to developing strategies to address these barriers, direct care nurses often feel left out of the discussion and program development that allows better quality of care (identifying e.g., safe nurse to patient ratio, providing opportunity for nurses to spend more time with patients, etc.)

### **Opportunities:**

- a) Improve recruitment, retention and resources for nurses, especially in northern and remote communities in order to support a balanced skill mix, safe nurse-patient ratios, and enable the delivery of healthcare that is 24 hours, 7 days a week.
- b) Explore staffing models to better facilitate safe patient care.
- c) Education: ensure nurses in all designations have support for continuing education, recertification, and professional development.

## Communication

### 1) Among Healthcare Providers

**Barriers:** Patients are constantly navigating through the healthcare system and coming into contact with various healthcare professionals who work in silos. There is a clear lack of communication and collaboration amongst care providers, which is exacerbated by the inability of providers to access patients' medical records. The current communication barriers that exist decrease efficiency, prevent healthcare providers from releasing time to care, increase error, and ultimately compromises patient outcomes. Similarly, patients are frustrated with answering the same questions asked by different healthcare providers, as a result of the lack of coordination.

### **Opportunities:**

- a) Greater leadership in melding electronic health records so that providers in acute, community and long-term care areas of practice have access to the records and information they need.
- b) Work with patients to understand the type of access they need to records, the type of education or support they need to understand them, and how to ensure they are able to bring forward their health information in the best possible way.
- c) Colocation: the health needs of British Columbians are becoming more and more complex, leading to multiple referrals to several different services that are scattered across the province. One key opportunity that nurses identified relates to the built environment, and the idea of colocation.

### 2) Among Sectors and Ministries

**Barriers:** There are several determinants of health such as housing, transportation, and income that impact the health and well-being of British Columbians that fall outside of the healthcare sector. However, there is significant fragmentation among these sectors and ministries, leading to a lack of integration.

**Opportunities:**

Develop a mechanism to improve intersectoral and interministry collaboration in order to fill the gaps that currently exist.

## Upstream Approaches to Patient Care

**Barriers:** Healthcare in B.C. continues to be driven by acute, episodic care rather than long term, integrated community healthcare that focus on health promotion and disease prevention. This is something that nurses have identified and are greatly concerned about.

**Opportunities:**

- d) Utilize a population health approach, increase health promotion and disease prevention programs, specifically programs and services to build capacity in order to foster self-management and self-care.
- e) Develop pathways that enable patients to be able to access providers (i.e., social workers, occupational therapists, physical therapists) directly, rather than requiring physicians to be gatekeepers.
- f) Nursing and nurses can work together to shift thinking about entry to care – how do individuals access the system, what makes it easy for them, what makes it difficult, and how do we help them manage this better?
- g) Maximize opportunities to promote health in areas where individuals are generally healthy (for example, health promotion initiatives in schools, recreation centres, workplaces, assisted living centres), and change thinking around point of entry to care.

## Funding models

**Barriers:** Current funding models are not flexible for healthcare professionals others than doctors, particularly nurse practitioners. Nurses do not have all the answers to this incredibly complicated and long-standing question, but recognize that change will be needed as more and more new healthcare providers and physicians enter the system with a desire for worklife balance. In general, clinics that offer opportunities for physicians to be paid through the alternative payment program seem to be a draw for all healthcare providers. And while many NPs would like to open their own clinic, and could reduce significant burden on the healthcare system (particularly the emergency room), while increasing accessibility, it is very difficult for a nurse practitioner to ‘go solo’ when they are unable to bill through the Medical Services Plan.

**Opportunities:** We may be a long way from resolving the fee-for-service challenge, but we can be honest about the shortcomings of this system, and begin to dialogue on changes that need to be made in order to engage and include all healthcare providers in settings that are accessible to patients and work for the providers. B.C. has the opportunity to take a leadership role in developing new solutions, but nursing knows that this will require bravery, innovation and collaboration between all healthcare providers. Nurses do not have the answer to this important question, but we are committed to looking at possible solutions.

## Nursing Profession: Leadership/Education/Well-Being

**Barriers:** There is a lack of priority in addressing the well-being of nurses, and the need for nurses to obtain continuing education. There is a lack of nursing representation present in higher level decision making teams, and this is essential as nurses make up the largest healthcare workforce. Taking care of the needs of nurses will ensure the needs of patients are more readily met.

**Opportunities:**

- a) Nursing (all groups), needs tools for continuing education, professional development and fitness to practice.
- b) Encourage, and provide opportunities for education, as well as leadership development in order for nurses to try for leadership positions on executive teams at all levels. Complaining about the lack of nursing leadership will not have the same impact of strategically and systematically developing strong leaders who are ready and willing to step into new roles.

## What changes could be made right now to move the system forward?

In addition to some of the recommendations made above, participants noted a number of changes that could be made 'right now' which would move the system forward.

- 1) Work towards the development and implementation of a universal electronic health record for patients, but recognize that may be a difficult undertaking and smaller solutions may be required (ie, bridging programs, use of new and emerging technologies, consultation with the private sector, etc.).
- 2) Consider legislative and policy changes that will allow care to be brought directly to the patient. For example, IV rehydration therapy could be available within a residential or assisted living facility, rather than transferring the patient to acute care – a process that can be costly and cause great distress to the patient.
- 3) Decrease the dominance of the medical model, but rather than nursing asking government to change how they interact with physicians, work with nurses to help change their own culture and processes. Doctors of BC changed their relationship with government with a positive, proactive, solutions-oriented approach and the difference has been remarkable. Nursing needs to learn and grow from this approach.
- 4) Increase nursing input in policy discussions. This is beginning to occur more regularly through the BCCNA, which not only engages regularly with government, provides all four nursing groups and educators with a regular forum for discussion and action.
- 5) Work towards shifting care to community and homecare by rethinking what constitutes acute vs community care. Consider how different models of funding/payment for long-term care facilities vs. homecare could be employed.

- 6) Work to change the culture so that every health provider can work to their full scope. There were numerous suggestions made around this – some short-term, others will take much longer. Improving information sharing between providers was recommended as one way to begin to make lasting change, ensuring front-line workers are represented on policy and planning initiatives. Overall the recommendation was made that it would be helpful for each profession to assess its current state and whether members feel they are or are not working to scope.
- 7) Maximize the IT infrastructure in order to bring care to the patient. With advances in technology happening at a fast pace, it is nearly impossible to build a system today that will not be obsolete in a year. On the other hand, nurses recognize that there are technologies and innovations that are underutilized in healthcare. The Coalition could bring together a group of nurses in B.C. who have a strong background in IM/IT and would be a valuable asset in developing strategies and plans.
- 8) Work with communication and education professionals to develop strong patient-education materials and resources. Currently each health authority develops and publishes its own communication materials, and there is significant duplication of effort. Streamlining communications with a focus to providing patients with strong, usable information would go a long way towards alleviating pressure on the system.
- 9) Develop an interprofessional health council with representatives from all self-regulated health professionals. Similar to the health regulators council, this group would meet to discuss significant issues impacting the professions and would identify one or two that could be tackled by the group as a whole. It would also provide government with an interprofessional ‘landing pad’ where questions or policy issues could be brought to a professional, organized body for response, feedback or discussion. This would be an innovative and unique undertaking, but would provide all professions with direct feedback into the larger discussion.
- 10) Increase access to PharmaNet so that all health providers who are administering, prescribing or overseeing patients have the ability to view the database. Currently, many nurses work in situations where a physician ‘logs on’ and leaves the database open so nurses and others can view patient information as needed.

## Conclusion

The July 2015 Forum was a significant success and marks the first time in British Columbia that registrants in all four nursing groups were brought together to discuss policy and share their ideas for transforming the healthcare system in British Columbia. In general, nurses feel that they are often overlooked in critical nursing discussions with government and the health authorities, and as a result, many of the innovative ideas, programs and advances that nurses could bring to the table are being missed. It was noted, however, that this lack of a nursing voice in policy and planning is as much the responsibility of nursing, and that in order to be present at a high level in government, nurses must develop a positive, solutions-oriented approach that moves the profession away from ‘complaints’ and focuses on a partnership with government, health authorities and employers.

The nurses who participated in the July 15<sup>th</sup> forum demonstrated that nursing is eager to work together. The Coalition was very pleased with the response to the Forum, and surprised to have to turn more than 100 nurses away who were eager to attend and share their views. Clearly there is a great appetite for

opportunities to discuss policy initiatives. Further, nurses from across the four nursing groups were proud to have an opportunity to talk to colleagues and begin to identify the similarities and differences in their roles. There is an interest in the strong role the BC Coalition of Nursing Associations is taking in leading the nursing community to provide more robust, evidence-informed and solutions-oriented responses to the challenges facing healthcare.